

MCO 1740.13B  
MR

MARINE CORPS ORDER 1740.13B

From: Commandant of the Marine Corps  
To: Distribution List

Subj: FAMILY CARE PLANS

Ref: (a) MCO P1754.4A  
(b) MCO P1900.16F  
(c) MCO P1080.40C  
(d) MCO P5512.1B

Encl: (1) Counseling Form  
(2) Family Care Plan Form  
(3) Special Power of Attorney  
(4) Sample "AUTHORITY TO ASSIST" letter

1. Purpose. To publish policy, provide guidance, and assign responsibility for the creation and maintenance of functional Family Care Plans (FCPs) by Marines (regardless of marital status) who are directly or indirectly responsible for the care of dependents that are unable to care for themselves. When used in this order, the term "Marine" includes active duty Marines, Marines in reserve components and emergency essential civilian personnel. The term "dependent" includes minor children, and other individuals for whom the Marine is responsible, who are unable to obtain basic life-sustaining facilities as addressed in reference (a).

2. Cancellation. MCO 1740.13A. This order is a complete revision of the previous edition, and should be review in its entirety.

3. Summary. Marines are responsible for immediate worldwide training, deployments, and contingencies. A FCP provides the plan and documentation to the person(s) who shall care for the Marine's dependents in the absence of the Marine due to military duties. The FCP must be sufficiently detailed to provide for a smooth, rapid transfer of responsibilities to the caregiver in the absence of the Marine. The FCP shall address the legal, medical, dental, logistical, day care, educational, and monetary needs of the Marine's dependents. A FCP does not supercede any separation agreement or court order regarding custody and support issues. The FCP must be drawn in compliance with such legal documents, or at a minimum, must be agreed to in writing by all persons with a legal interest in the dependent.

#### 4. Execution

a. Marines (regardless of their marital status), who are directly or indirectly responsible for the care of dependents that are unable to care for themselves, must create and maintain a FCP, using the forms provided in this order. The plan must account for absences of any duration due to military duties. Note that Marines who reside with their own biological children and the other biological parent of such children, do not need FCPs, unless the other spouse/parent is a servicemember, or likely to travel for extended periods of time. The following is a list that provides examples of dependents for which a FCP is required (regardless of whether they live with the Marine):

- Biological and adopted minor children (regardless of whether they live with the Marine);
- Persons for whom the Marine has been appointed by a court as custodian or guardian; and
- All other persons that depend upon the Marine for basic life-sustaining functions.

b. In situations where Marines are married to other Marines (or servicemembers) with dependents, both spouses are required to maintain FCPs that address the possibility of overlapping deployments, and they should indicate which FCP should control in case of conflict.

c. A caregiver designated in the FCP should be an individual who is not a member of the active duty or reserve Armed Forces (except for cases described in the preceding subparagraph), is at least 21 years of age, and is capable of providing care for the dependents, **and is either a person lawfully entitled or obligated to assume custodial responsibilities (such as biological and adoptive parents and court-appointed custodians and guardians), or is a person who has the express written consent of all those persons.** For example, a divorced Marine that has custody of and resides with his biological children may not normally designate his current wife (the childrens' step-mother) as FCP caregiver of the children unless the biological mother of the children consents in writing to the arrangement (since the biological mother of the children will usually have a legally recognized interest in the custody of the children, which is superior to that of the step parent).

d. Each FCP plan will consist of completed copies of enclosures 1-3, and will include necessary supporting documents, which may include the following:

- Separation agreements, divorce decrees, and other court orders addressing dependent custody and support issues;
- Written consent forms from all natural and adoptive parents and other persons with a legal interest in the dependent, regarding

the planned designation of custody or guardianship of a dependent;

- Powers of attorney and wills;
- Certificates or orders of guardianship or escort;
- Family contact information; and
- Special letters of instruction

e. The FCP will be maintained in the Marine's OQR or SRB. If the Marine is utilizing the installation Children Youth and Teen program, a current copy of the FCP shall be enclosed in his or her program registration. The enclosures are provided to help counsel Marines on this matter, and to help the Marine family create a comprehensive FCP.

## 5. Support.

a. CMC (IG). Verify that FCPs are reviewed while conducting inspections.

b. CMC (JA). Staff Judge Advocate Division, HQMC, is responsible for the content and update of this order, and shall ensure local base legal offices are providing appropriate assistance to Commanders and Marines regarding this order.

c. CG MCRSC. Ensure that members of the Individual Ready Reserve (IRR) are provided copies of the enclosures if they indicate that the family care may prevent immediate mobilization. Ensure that the FCP is covered on the IRR annual master checklist.

### d. Installation Commanders

(1) Provide FCP support services through the MCCA.

(2) Ensure Marines seek assistance from Marine Corps Community Services (MCCA) and their local legal assistance office.

(3) Ensure that the local Staff Judge Advocate (SJA) reviews the legal documents included in the FCP, Enclosures (1), (2), (3), (4), and (5).

### e. Commanding Officers

(1) Ensure that all Marines described in paragraph 4 above, are counseled regarding the contents of this order, and complete a FCP and submit it for review. Plans should be completed within 60 days of experiencing circumstances as set forth in paragraph 4 for Marines on active duty, and within 90 days for reservists. Ensure that ID cards have been issued to eligible dependents in accordance with paragraph 1.3.4.6 of reference (d).

(2) Encourage Marines to review their FCPs during their annual audit conducted by the unit Personnel Section.

(3) Ensure FCPs are incorporated into the Command's Family Readiness Program.

(4) Ensure that a copy of the FCP is part of the individual Marine's Service Record Book or Officer Qualifications Record.

(5) Ensure that unit diary entries accurately reflect child/dependent/ward custody status per paragraph 40602 of reference (c) for each Marine required to complete an FCP.

(6) Ensure that all Marines who are the primary providers of children or other dependents, to include wards, have been issued an ID card per paragraph 1.3.4 or 1.3.5, as applicable, of reference (d). Of utmost importance, ensure that ID cards have been issued to all eligible children under age 10 per paragraphs 1.3.4.6, 1.3.5.5.2, or 1.3.5.5.3, as applicable, of reference (d).

(7) Commanders who do not have access to a MCCS shall ensure that their Marines are provided information regarding outreach programs from the following (but not limited to) sources:

- MCCS, MCB Quantico, VA. East of the Mississippi River (minus Wisconsin) is served by MCB Quantico, VA, by calling (800) 336-4663; if calling from VA, call (703) 784-2659/2650.
- MCCS Camp Pendleton, CA. West of the Mississippi River (plus Wisconsin) is served by MCB Camp Pendleton, CA, by calling (800) 253-1624; if calling from CA, call (760) 725-3400.
- Marine Forces Reserve. Reservists can call the MCCS Branch at Headquarters, Marine Forces Reserve in New Orleans, LA at (504) 678-6585 or DSN: 678-6585.
- Western Recruiting Region, San Diego, CA. Recruiters located in the 8<sup>th</sup>, 9<sup>th</sup>, or 12<sup>th</sup> Recruiting Districts can call (800) 718-3027.
- Eastern Recruiting Region, Parris Island, SC. Recruiters located in the 1<sup>st</sup>, 4<sup>th</sup>, or 6<sup>th</sup> Recruiting Districts can call (888) 826-7503.
- DoD, National Guard, or other Military Department Family Services or Assistance Centers.
- Red Cross or Navy and Marine Corps Relief Society.
- Legal Assistance Branch, Judge Advocate Division, HQMC, Washington DC, 2050-3000. ((703) 614-1266).

6. Enforcement. Failure to create and maintain a FCP, may result in a non-deployable status for training or contingencies, and could result in disciplinary action and/or separation from the Marine Corps. Reserve Marines may be transferred to an inactive status or recommended for discharge depending on their obligation status.

K.M. SANDKUHLER  
Staff Judge Advocate to the  
Commandant of the Marine Corps

Distribution:  
PCN 10202426000

Copy to:  
7000110 (55)  
7000144 (5)  
7000093/8145005 (2)  
7000099/8145001 (1)

**FAMILY CARE PLAN  
Counseling Form**

**I. ACKNOWLEDGMENTS**

A. I, \_\_\_\_\_ was counseled on \_\_\_\_\_, regarding the contents of MCO 1740.13, and understand the Marine Corps policy on dependent care responsibilities. I understand and acknowledge the following:

1. That I must arrange for care of my dependents to remain immediately available for deployment, training and all other military contingencies.
2. That any person that I designate as the temporary caregiver of my dependent must be either a person lawfully entitled or obligated to assume custodial responsibilities (such as biological and adoptive parents and court-appointed custodians and guardians), or is a person who has the express written consent of all those persons.
3. That I must maintain a current FCP and revise it when circumstances change. The Plan must be reviewed annually. I understand that Family Care Plans may be tested at the discretion of the commander.
4. That failure to make and maintain adequate care arrangements for my dependents, which results in non-availability for worldwide assignment or deployment, may be grounds for adverse administrative action, disciplinary action or separation.
5. If arrangements for the care of my dependents are challenged or ineffective, I am not automatically excused from prescribed duties, unit deployment, or reassignment.
6. I will receive no special consideration in duty assignments or duty stations based on my responsibilities for my dependents unless enrolled in the Exceptional Family Member Program (EFMP), in accordance with MCO 1754.4.
7. I understand that the best way to plan and care for my minor child(ren) is to obtain a court order identifying who will have custody and care of my minor child(ren) in the event I become unable to or unavailable to care for them.
8. I understand that if I have an existing court order, removal of the child from the state or modification of the provisions of the order without the courts review and consent may be a violation of that court's order that could result in civil and criminal charges against me.
9. I understand that a **court order may be required to enroll/register my child(ren) in school** in a new school district if he or she is relocated.
10. I understand that my designations in the Family Care Plan or in

Powers of Attorney will not be effective upon my incapacitation or death and that **I need to obtain a will** with a durable power of attorney to plan for the event of my incapacitation or death.

11. I have been given the opportunity to consult with a legal assistance attorney regarding my legal obligations, options and risks associated with my military duty, the care and maintenance of my minor child(ren) and the development of my Family Care Plan

B. I have made and will maintain arrangements for the care of my dependents during all the following:

- |                                |                         |
|--------------------------------|-------------------------|
| 1. Duty                        | 7. Active Duty Training |
| 2. Exercises/field duty        | 8. Unaccompanied Tours  |
| 3. Permanent Change of Station | 9. Mobilization         |
| 4. Alerts                      | 10. Deployment          |
| 5. Annual Training             | 11. Other Military Duty |
| 6. Temporary Duty              | 12. Emergencies         |

C. I have arranged for necessary travel required to transfer my dependents to my designated temporary caregivers.

D. I have attached hereto a copy of any current separation agreement and/or court order (including divorce decrees) addressing dependent custody and/or support issues, for each dependent for whom I am responsible.

F. I have obtained the written consent of all natural and adoptive parents and other legal custodians regarding the planned custody or guardianship arrangements of a child or dependent. (Note, that this may not be required in cases where the documents set forth in the preceding paragraph fully address deployment/custody issues. Marines and commanders should consult with legal assistance officers with any questions regarding the need for such signatures.)

G. I have attached hereto a certified copy of an executed "**Special Power of Attorney**", naming my designated caregiver as my attorney-in-fact to act as my agent in matters relating to the care of my children or dependents.

H. I have attached hereto a certified copy of an executed "**Certificate of Acceptance as Caregiver**" from each caregiver designated in this Family Care Plan.

I. If my support payments are changing as a result of the initiation of this plan, I may be required to complete a new DD Form 2558 (Authorization to Start, Stop or Change an Allotment for Active Duty or Retired Personnel) or other proof of financial support for expenses incurred by guardian and dependents.

J. Copies of Letter(s) of Instruction (that have been forwarded to designated caregivers along with Special Power(s) of Attorney and other pertinent documents), outlining all special instructions concerning the care of my dependent(s) have also been included in my Family Care Plan.

K. I have thoroughly briefed the temporary caregivers on the full extent of their responsibilities and on procedures for gaining access to military/civilian facilities, services, health care, entitlements and benefits on behalf of my dependents. I have completed an "Authority to Assist" letter for my designated caregiver.

L. I am confident that my Family Care Plan is legally effective and workable, and to the best of my knowledge, the caregivers I have designated are both willing and able to carry out the responsibilities of caring for my dependents.

M. I acknowledge that issuance of current ID cards are required for receipt of medical/dental services, for each dependent.

N. I have made all necessary arrangements (legal, educational, health care, child care, financial, religious, special, etc.) to ensure a smooth, rapid turnover of child and dependent care responsibilities in case this Plan is executed.

\_\_\_\_\_  
Marine / Date  
Printed name:

\_\_\_\_\_  
Witness / Date  
Printed name:



**FAMILY CARE PLAN**  
**(MAY NEED TO BE REPEATED FOR EACH DEPENDENT)**

**Privacy Act Statement**

**Authority:** 44 USC § 3101; 5 USC § 301; 10 USC §§ 133, 5031; EO 9397; and OPNAVINST 1740.4B.

**Purpose:** To identify and ensure that Marines with dependents have made adequate arrangements for the care of their dependents during periods when the Marine may be deployed, or otherwise unavailable due to military duties. The information will facilitate combat-readiness and advance the interests of the Marine Corps family.

**Routine Uses:** To designate persons who will accept dependent care responsibilities and to obtain their consent to the Family Care Plan. The information may also be used to determine overseas suitability, to conduct authorized investigations, and for other lawful purposes.

**Disclosure is Mandatory:** Disclosure of information concerning family members, their caregivers, and all persons with a legal interest in the care of military dependents, is required.

**PART I: INFORMATION REGARDING DEPENDENT**

1. Name: \_\_\_\_\_.
2. Relationship to you: \_\_\_\_\_.
3. Date of birth: \_\_\_\_\_.
4. SSN: \_\_\_\_\_.
5. Current Address: \_\_\_\_\_.
6. Does the dependent live with you? \_\_\_\_\_.
  - a. If not, who is **currently** providing care for the dependent?  
\_\_\_\_\_.
7. Name of both biological parents, if living:  
\_\_\_\_\_.
8. List and attach any written agreements and/or court orders regarding the support, custody or care of this person.  
\_\_\_\_\_.
9. Is the dependent currently enrolled in school? \_\_\_\_\_.
  - a. School Address? \_\_\_\_\_.
  - b. What grade? \_\_\_\_\_.
10. Who will act as **temporary caregiver** for this dependent while you are away due to military duties?
  - a. Name: \_\_\_\_\_.
  - b. Address: \_\_\_\_\_.
  - c. Phone / Email: \_\_\_\_\_.

**PART II: DEPENDENT SUPPORT**

**1. Financial - Describe how you will provide financial support for your dependent while under the care of your temporary caregiver.**

- a. Amount of monthly support: \$\_\_\_\_\_.
- b. How payments are to be made (allotment, personal check, automatic deduction from account, etc.) \_\_\_\_\_.
- c. When payments will be made:\_\_\_\_\_.
- d. Other comments: \_\_\_\_\_.

**2. Logistical - Plan for the daily living needs of your dependent.**

- a. Address and phone number of dependent while under the care of the temporary caregiver: \_\_\_\_\_.
- b. How will the dependent be transported to temporary caregiver? \_\_\_\_\_.
- c. Will the dependent be required to change schools while under the care of the temporary caregiver? \_\_\_\_\_.
  - Address of new school \_\_\_\_\_.
  - Have you determined the residency / custodial requirements for the dependent to attend this school? \_\_\_\_\_.
  - Consult with legal assistance with any problems in this area.
- d. Does the dependent have a current DOD ID card? \_\_\_\_\_.

**3. Medical - Plan for the health and dental needs of dependent.**

- a. Name and address of facility where dependent will obtain regular and emergency medical treatment: \_\_\_\_\_.
- b. Does temporary caregiver have access to medical records? \_\_\_\_.
- c. Special instructions - (allergies, current meds, Tricare notes) \_\_\_\_\_.

**4. Legal - Ensure that you have attached the following documents:**

- Current POA for caregiver
- Allotment forms
- All legal documents relating to dependent (divorce decree)
- Authority to assist letter

PART III: ADDITIONAL REMARKS

**PART IV: CERTIFICATION**

The FAMILY CARE PLAN must be signed by the Marine, the temporary caregiver all other persons that have a legal interest in the dependent (See paragraph 4(c) of the order).

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We, the undersigned, do hereby agree to the contents of this Military Family Care Plan for \_\_\_\_\_, which provides for the temporary care, support and custody for this person during times when \_\_\_\_\_ may be unable to provide care for this person due to military duties.

We agree that this plan is in the best interest of \_\_\_\_\_, and that this temporary plan shall terminate upon the Marine's return to his normal duty station. Upon the Marine's return, the dependent shall be returned to the Marine, and all obligations and Powers of Attorney issued under this Family Care Plan shall be terminated.

We have all been given copies of this Military Family Care Plan.  
Given under our hands, on the dates indicated beneath our signatures.

\_\_\_\_\_  
Marine  
Printed name:  
Date:  
Address:

Phone:  
Email: \_\_\_\_\_

\_\_\_\_\_  
Temporary Caregiver  
Printed name:  
Date:  
Address:

Phone:  
Email: \_\_\_\_\_

\_\_\_\_\_  
Person with legal interest  
Printed name:  
Date:  
Address:

Phone:  
Email: \_\_\_\_\_

\_\_\_\_\_  
Person with legal interest  
Printed name:  
Date:  
Address:

Phone:  
Email: \_\_\_\_\_

**Enclosures:**

(write in)

**SPECIAL POWER OF ATTORNEY (In LOCO PARENTIS)**

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*PREAMBLE: This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United States Code, § 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.*

**KNOW ALL PERSONS:** That I, \_\_\_\_\_, currently residing at \_\_\_\_\_ by this document do make and appoint \_\_\_\_\_ whose address is \_\_\_\_\_

as my true and lawful attorney-in-fact to act as follows, GRANTING unto my said Attorney full power to:

Perform any and all parental or custodial or guardian acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and consent to any and all medical and dental care and treatment necessary and appropriate for the general health and welfare of said persons listed below. To act for me and in my name, place and stead in all particulars for the purposes of providing care, for obtaining food, shelter, clothing, education and medical care for the following persons:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

In the event of official orders or directives for the evacuation of military dependents from the area in which these persons are residing, my Attorney-in-Fact shall perform any acts or functions and execute any documents necessary to accomplish the prompt and safe evacuation of these persons from said area or to any other place in accordance with directions of proper evacuation authority or otherwise in the best interests of these persons.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney(s) in fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney(s) in fact and the designation "attorney in fact."

To induce any third party to act hereunder, I hereby agree that any third party receiving a duly executed copy or facsimile of this power of attorney may act hereunder, and that revocation or termination hereof shall be ineffective as to such third party unless and until actual notice or knowledge of such revocation or termination shall have been received by such third party. I, for myself and my heirs, executors, legal representatives and assigns, hereby agree to indemnify and hold harmless any such third party from and against any and all claims that may arise against such third party by reason of such third party having relied upon the provisions of this power of attorney.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become null and void from and after \_\_\_\_\_.

This Special Power of Attorney shall not terminate on disability, incompetence, or incapacity of the principal at law.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing", "missing-in-action" or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to the United States Military control following termination of such status. This power of attorney shall not be affected by the disability of the principal.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on this day,  
\_\_\_\_\_.

\_\_\_\_\_  
***Grantor's Signature***

WITNESSED:

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
PRINT NAME:

\_\_\_\_\_  
PRINT ADDRESS

\_\_\_\_\_  
PRINT ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

**ACKNOWLEDGEMENT BY NOTARY PUBLIC**

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, ss.

The foregoing instrument was acknowledged before me by  
\_\_\_\_\_ and the above named two witnesses, this \_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Print Name:  
Notary Public

Encl (3)

**AUTHORITY TO ASSIST LETTER**

From: Commanding Officer \_\_\_\_\_

To: \_\_\_\_\_  
(Name) (Address)

Subj: AUTHORITY TO ASSIST \_\_\_\_\_ IN MAKING EXCHANGE  
AND COMMISSARY PURCHASES

Ref: (a) MCO P5512.11B, par 7.12.3

1. In accordance with the reference, you are hereby granted authority to accompany the individual below to shop at the Exchange and Commissary store at this activity.

\_\_\_\_\_  
(Name) (SSN)

\_\_\_\_\_  
(Address) (Phone #)

2. You will be guided by the following:

a. You are not an authorized patron and may not make purchases for yourself.

b. This letter is valid only when accompanying the authorized patron listed above.

c. This authorization will remain in effect for one year from the date of this letter and may be extended as noted below.

3. This privilege may be withdrawn if you are found to have made purchases or to have secured service for yourself or for the benefit of another who is not entitled to Exchange and Commissary privileges.

4. Whenever multiple Commissary and Exchange facilities exist in the local area, this letter of authorization may be recognized by all of those facilities.

\_\_\_\_\_  
Authorizing Signature

\_\_\_\_\_  
Billet

Copy to:  
Commissary Officer \_\_\_\_\_  
AC/S or Director MCCA \_\_\_\_\_

Extended to \_\_\_\_\_

ENCLOSURE (4)